

Northern Ohio Outlaws Cowboy Mounted Shooting Clinic

Saturday, April 28, 2012

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mail form and advance deposit to:

Judy Foster
4195 Township Road 111
Mt. Gilead, Ohio 43338
(419)947-9679

LIABILITY RELEASE FORM

I understand that I am participating in a sport which contains dangers and risks may arise, including but not limited to, accidental injury, the forces of nature, and illness. In consideration for the right to participate in these events and the services provided for me by the Cowboy Mounted Shooting Association, Northern Ohio Outlaws, and its agents, I have, and do hereby assume the risks associated with such events.

The contestant shall at his own expense, defend management and/or all sponsors, their members, or employees from any and all such claims and indemnify, from any and all liability, damages and costs arising from injuries to person or property occasioned by any act or omission of the contestant.

Signature of applicant is required.

NAME DATE

Date _____ Paid \$ _____ Check _____ Cash \$ _____